

State of Minnesota

County _____

District Court

Judicial District: _____

Court File Number: _____

Case Type: _____

☐ In Re the Marriage of: __________
Petitioner

and

Respondent_____
Intervenor**Request for Transcript****TO: Court Administration**I, _____, request a transcript of the hearing
(Your Name)held on _____, before the Honorable _____
(Date of Hearing) (Name of Magistrate, Judge, or Referee)**Purpose of the Request:** (Check one)

- | | |
|--|--|
| <input type="checkbox"/> For Information Only: | Two transcripts will be made |
| <input type="checkbox"/> Motion to Correct Clerical: | Three or four transcripts will be made |
| <input type="checkbox"/> Motion for Review: | Three or four transcripts will be made |
| <input type="checkbox"/> Appeal to Court of Appeals: | Four or five transcripts will be made |

Is the County Agency a party in this action? _____ yes _____ no If yes, provide name and address of the county attorney: _____

Clearly print your name, address, and a daytime phone number where you can be reached in the area below. The transcriber who will prepare the transcript will contact you by telephone or by mail with the estimated cost of the transcript. Payment for the transcript and all additional copies must be made to the transcriber **before** the transcript is prepared. **Failure to do so may result in your request being cancelled.**

If you cannot afford to pay the transcriber's fee, you may file a request to proceed In Forma Pauperis. See the Instructions page on how to get an In Forma Pauperis application form. **You must send a copy of the order that waives your costs for the transcript to the transcriber as soon as possible to verify that the court will pay for the transcript. Failure to do so may result in your request being cancelled.**

Dated: _____

(Include the other party's name and address below)

Signature

Print Name: _____

Address: _____

City/State/Zip: _____

Telephone: (_____) _____

E-mail address: _____

Attorney for: _____